## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate All forther corresponding the Potent advance orders and application of maintenance for will be advanced by the potential of the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for will be advanced by the potential orders and application of maintenance for which is a potential order or the potential order.

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CURRENT CORRESPONDE	ENCE ADDRESS (Note: Use B	lock 1 for any change of address)	Fee(	s) Transmittal. Thi ers. Each additiona	is certific I paper,	cate cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must
VENABLE LL P.O. BOX 34385 WASHINGTON	P	//2006		Cer	tificate d	of Mailing or Trans	mission g deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/802,774	03/18/2004		Lee D. Genz		42	2339-199897	4667
FITLE OF INVENTION	: COMPARISON OF C	IRCUIT LAYOUT DESIG	GNS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/13/2006
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
LEVIN, N	IAUM B	2825	716-005000	•			
l. Change of corresponde CFR 1.363).	nce address or indication	n of "Fee Address" (37	2. For printing on the pa			1 10014	DIBIID
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2 James R. Burdett				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 James R. Burdett  3 Michael A. Sartori				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON 1	THE PATENT (print or typ	e)			in the state of th
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an a	atent. If an assigne assignment,	ee is ide	ntified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Intel Corporation Santa Clara, California							
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🙀 Co	rporatio	n or other private gro	up entity Government
da. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			D. Payment of Fee(s): (Plea A check-is enclosed.  Payment by credit care The Director is hereby overpayment, to Deposit	d. Form PTO-2038	is attacl	hed.	shown above) ficiency, or credit any nextra copy of this form).
a. Applicant claims	cus (from status indicate s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMAL	L ENTI	TY status. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee and nterest as shown by the r	l Publication Fee (if req ecords of the United Sta	uired) will not be accepted ates Patent and Trademark	d from anyone other than the Office.	ne applicant; a regis	stered at	torney or agent; or th	e assignee or other party in
Authorized Signature	Allihouth	loe		Date Dead	wh	_ 13,2006-	
Typed or printed name	Michael	A. Sartori		Registration N	o3.	1,594	
This collection of informa	ation is required by 37 (	CFR 1.311. The information	on is required to obtain or re	etain a benefit by th	he public	which is to file (and	by the USPTO to process)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/802,774
	Filing Date	March 18, 2004
	First Named Inventor	Lee D. GENZ
	Art Unit	2825
	Confirmation Number	4667
i	Examiner Name	N.B. Levin
	Attorney Docket Number	42339-199897

ENCLOSURES (Check all that apply)							
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC					
X Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Fee(s) Transmittal For Issue & Publ'n Fees	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):					
Express Abandonment Reques	Request for Refund						
Information Disclosure Statement w/ PTO Form SB/08A	CD, Number of CD(s)						
Certified Copy of Priority Document(s)	Landscape Table on CD	Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application	Remarks	Remarks					
Reply to Missing Parts ut 37 CFR 1.52 or 1.53	der						
SIG	NATURE OF APPLICANT, ATTORNEY, O	RAGENT					
Firm Name VENABLE LLP							
Signature Muhar De							
Printed name Michael A. Sar	rinted name Michael A. Sartori, Ph.D.						
December 13,	20 <b>66</b> Reg. No.	31,594					

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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Effective on 12/08/	Complete if Known							
Fees pursuant to the Consolidated Approp			10/802,774-Conf. #4667					
FEE TRANS			March 18, 2004					
For FY 20	First Named Inve	ee D. Genz						
Applicant claims small entity stat	Examiner Name N. B. Levin  Art Unit 2825							
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 42339-199897							
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 42339-199897  METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account	Number: 22-0261 Deposit Ac	count Name:		Venable LL	.P			
For the above-identified depo	sit account, the Director i	s hereby authorize	d to: (check	all that apply)	)			
x Charge fee(s) indicated	i below	Charge	e fee(s) indic	cated below, e	except for the	filing fee		
Charge any additional fee(s) under 37 CFR 1	ee(s) or underpayments o	of x Credit	any overpay	ments				
FEE CALCULATION			- • •			$\neg \neg$		
1. BASIC FILING, SEARCH, AND E								
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Application Type Fee (\$	Small Entity ) Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	nid (\$)		
Utility 300	150 500	250	200	100	\ <u> </u>			
Design 200	100 100	50	130	65				
Plant 200	100 300	150	160	80				
Reissue 300	150 500	250	600	300				
Provisional 200	100 0	0	0	0				
2. EXCESS CLAIM FEES					S	mall Entity		
Fee Description					Fee (\$)	Fee (\$)		
Each claim over 20 (including Reiss	•				50	25		
Each independent claim over 3 (incl	uding Reissues)				200	100		
Multiple dependent claims					360	180		
Total Claims Extra Claims	al Claims		Multiple Dependent		ent Claims			
HP = highest number of total claims paid for			Fee (\$)		Fee Paid (\$)			
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HP = highest number of independent claims	paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u> <u>Extra Sheet</u>	<u>Number of each and the second of the sec</u>	dditional 50 or frac		Fee (\$)	<u>Fee Pa</u>	nid (\$)		
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Non-English Specification, \$130	) fee (no small entity disc	ount)			1 003 1	aid (#)		
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00								
SUBMITTED BY	1			——————————————————————————————————————				
Signature /	Res	Registration No. (Attorney/Agent)	31,594	Telephone	(202) 344-	4893		
Name (Print/Type) Michael A. Sartori Date Decula /3, 200								